



# Community Development Department - Planning Division

3900 Main Street, Riverside, CA 92522 (951) 826-5371 Fax: (951) 826-5981 www.Riversideca.gov

## *Beverage Container Recycling Facility Application*

### APPLICANT TO COMPLETE THIS SECTION:

(Please Print)

APPLICATION DATE: \_\_\_\_\_ FOR CALENDAR YEAR: \_\_\_\_\_

PROPERTY ADDRESS: \_\_\_\_\_

PROPERTY ZONE: \_\_\_\_\_

APPLICANT'S NAME: \_\_\_\_\_

APPLICANT'S ADDRESS: \_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_ FAX NUMBER: \_\_\_\_\_

### TYPE OF PROPOSED BEVERAGE CONTAINER FACILITY:

- |   |   |
|---|---|
| <input type="checkbox"/> Indoor Collection Center | <input type="checkbox"/> Bulk Reverse Vending Machine |
| <input type="checkbox"/> Reverse Vending Machine  | <input type="checkbox"/> Mobile Recycling Unit        |

COLOR OF UNIT(S): \_\_\_\_\_

SIZE OF UNIT(S): \_\_\_\_\_

HOURS OF ATTENDED OPERATION: \_\_\_\_\_ DAYS OF WEEK: \_\_\_\_\_

SIGNAGE SQUARE FEET: \_\_\_\_\_

SCREENING METHOD FROM ADJACENT PROPERTY: \_\_\_\_\_

SETBACKS FROM STREET(S)/RESIDENTIAL PROPERTIES:

Street Name: \_\_\_\_\_ Setback: \_\_\_\_\_

Street Name: \_\_\_\_\_ Setback: \_\_\_\_\_

Residential Properties Setback: \_\_\_\_\_

### ● ATTACH A COPY OF THE PROPOSED PLOT PLAN

### ● ATTACH DRAWINGS/PHOTOS OF UNIT

### PROPERTY OWNER TO COMPLETE THIS SECTION

(Authorized representative, center manager, leasing agent or property manager):

PRINTED NAME: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_ FAX NUMBER: \_\_\_\_\_

### ● ATTACH A COPY OF THE GRANT DEED FOR THE SUBJECT SITE

## PLANNING TO COMPLETE THIS SECTION

Planner Verifies by Checking Appropriate Box

✗ (NO)

✓ (YES)

Is the site is within a convenience zone?

☐☐

*(See Department of Conservation Map)*

Is the site zoned for the proposed use?

☐☐

*(C-1, C-1-A, C-2, C-3, M-1 or M-2)*

Are the hours of attended operation per code?

☐☐

Is the area occupied by unit per code?

☐☐

Does signage meet code and design policies/criteria?

☐☐

Have the fees been paid?

☐☐

Type of facility:

☐ Indoor Collection Center

☐ Bulk Reverse Vending Machines

☐ Reverse Vending Machine

☐ Mobile Recycling Unit

AESTHETICS:

Location: \_\_\_\_\_

Colors: \_\_\_\_\_

Setbacks: \_\_\_\_\_

Screening: \_\_\_\_\_

PLANNERS INITIALS: \_\_\_\_\_ REVIEW DATE: \_\_\_\_\_

PERMIT APPROVED OR FORWARDED TO CITY COUNCIL (DATE): \_\_\_\_\_